

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

11280

Reg. Dist. No.

2520

1. PLACE OF DEATH:

County Baltimore
City or town Centreville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Charles Anthony

4. Sex

Female white Widowed
5. Color or race white

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife William Davis Anthony

7. Birth date of deceased (mo., day, yr.)

Oct. 17-1860 6. (c) If alive, give age years

8. AGE:

Years	Months	Days	It less than one day
86	0	22	hrs. min.

9. Birthplace

Weymouth, Dorset Co. Md.
(Town, county, and state)

10. Usual occupation

Housewife
Retired

11. Industry or business

None

FATHER

12. Name Francis Anthony Bartlett13. Birthplace Caroline Co. Maryland14. Maiden name Martha Jane Stack15. Birthplace Caroline Co. Maryland16. Informant Mr. Lloyd StackeyAddress Centreville, Maryland17. Burial Burial Date thereof Nov. 12-46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory ChestersideLocation Centreville, Maryland18. Funeral director Barton Bros.Address Centreville, Maryland19. 11-12-46 Date rec'd by registrar Elin Armstrong

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Penn. County Philadelphia

City or town Philadelphia
(If outside city or town limits, write RURAL and give nearest town)Street No. 2834 N Master St
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 9. 1946, at 11:30 A.M.I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 10- 1946, to Nov. 9. 1946, and that I last saw her alive on Nov. 9. 1946.

Immediate cause of death

Cerebral Hemorrhage. 3 weeks DURATION

Due to

Due to

Other conditions Gangrene of left foot.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

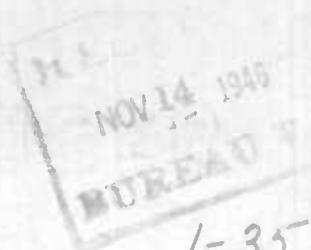
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Henry Fisher M. D. or otherAddress Centreville, Maryland Date signed 11-11-46



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1321

11281

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County.....

City or town.....

Queen Anne
Centerville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

6 years

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Della Bailey

4. Sex

F

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Robert Bailey

7. Birth date of deceased (mo., day, yr.)

Apr. 27 1898

6. (c) If alive, give age..... years

8. AGE:

Years
48Months
5Days
8If less than one day
hrs. min.

9. Birthplace.....

Star Queen Anne Co. Md.

(Town, county, and state)

10. Usual occupation.....

House wife

11. Industry or business

Ashley Thomas

Brewery

12. Name.....

Ashley Thomas

Brewery

13. Birthplace.....

Baltimore, Md.

Baltimore, Md.

14. Maiden name.....

Ella Palmer

Ella Palmer

15. Birthplace.....

Maryland

Maryland

16. Informant.....

Dorothy Phillips

Dorothy Phillips

17. Address.....

Baptist Hospital, Pittsburgh, Pa.

Baptist Hospital, Pittsburgh, Pa.

Date thereof.....

11-6-1946

(month) (day) (year)

Cemetery or crematory.....

Sandtown

Sandtown

Location.....

Near Hillsboro and

Near Hillsboro and

18. Funeral director.....

J. Virgil Morris

J. Virgil Morris

Address.....

1101 Sandtown Rd.

1101 Sandtown Rd.

19. 11-4-1946

11-4-1946

(Date rec'd by registrar)

11-4-1946

(Date signed)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

Queen Anne

City or town.....

Centerville

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Centerville

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Nov 4 1946, at 2:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 1 1946, to Nov 4 1946

and that I last saw her alive on Nov 3 1946

Immediate cause of death.....

Cerebral Hemorrhage

DURATION

4 days

Due to Hypertension, Cardiac

Vascular Disease, Edema

Due to.....

Other conditions.....

no

(Include pregnancy within 8 months of death)

Major findings or operations.....

none

Date of op.....

Autopsy results.....

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

C. P. Day, ton 1946

M. D. or other

Address..... Date signed.....

Baltimore, Md. 11-4-1946



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11282

Reg. Dist. No.

2520

1. PLACE OF DEATH

County Queen AnneCity or town Bethelburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Stephen Edward Benton

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male white Widowed

6.(b) Name of husband or wife.....

7. Birth date of

deceased (mo., day, yr.)

Aug, 1862

6.(c) If alive, give age.....

years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace.....

Maryland

(State, county, and state)

10. Usual occupation.....

Farmer

11. Industry or business

12. Name..... unknown13. Birthplace..... unknown14. Maiden name..... unknown15. Birthplace..... unknown16. Informant..... Mr. Ed. BentonAddress 1202 West St. Wilmington17. Burial..... Burial

(Burial, cremation, or removal, which?)

Date thereof Nov. 9 1946

(month) (day) (year)

Cemetery or crematory..... Sudders CemeteryLocation..... Hancock, Maryland18. Funeral director..... Edward S. BentonAddress..... Millington, Md19. Date rec'd by registrar..... Nov. 12-46

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State MdCounty BaltimoreCity or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

11-10 1946 at 11 45 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Dec. 1945 to 11-10 1946and that I last saw h. de alive on 11-9 1946

Immediate cause of death.....

Heart

Due to.....

Senility

Due to.....

Senility

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

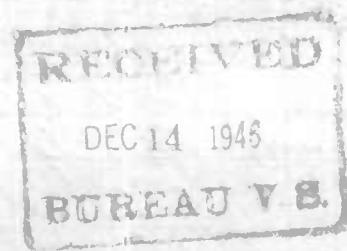
23. SIGNATURE

H. J. Mathews M. D. or otherAddress..... Date signed 11/12/46

NOV 14 1946

BUREAU

1-35



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11283

2570

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

Queen Anne's
County _____
City or town _____
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? _____
11 years

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Single

6. (b) Name of husband or wife: _____

7. Birth date of
deceased (mo., day, yr.)

September 25. 1910

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

36 1 23 hrs. min.

9. Birthplace: _____

W. Queenstown, Md.

(Town, county, and state)

10. Usual occupation: _____

11. Industry or business: _____

Kept house for Father
Richard Carter Breyan

FATHER

MOTHER

Stamp and
AMERICAN LEGION
POST 100



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B1-B)

CERTIFICATE OF DEATH

11284
Reg. Dist. No. 7510

1. PLACE OF DEATH:

County..... *Green Anne*
City or town..... *Ruthsburg*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Elizah Dean Jr

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced
*male White Widowed*6. (b) Name of husband or wife..... *Elizah E. Dean*6. (c) If alive, give age..... years
*deceased*7. Birth date of
deceased (mo., day, yr.)*Aug. 13 - 1867*

8. AGE:

Years	Months	Days	If less than one day
79	3	0	hrs. min.

9. Birthplace.....

Green Anne Co. Md.

(Town, county, and state)

10. Usual occupation.....

Retired Farmer

11. Industry or business

Elizah Dean

12. Name.....

Maryland

13. Birthplace.....

Catherine Taylor

14. Maiden name.....

Maryland

15. Birthplace.....

Maryland

16. Informant.....

Howard A. Dean

Address

Ruthsburg Md.

17. Burial.....

*Burial*Date thereof..... *Nov. 17-1946*
(month) (day) (year)

Cemetery or crematory.....

Benton

Location.....

Benton Md.

18. Funeral director.....

Edgar L. Lane

Address

*Church Hill Md.*19. *Nov. 15 1946*
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... *Ind.* County..... *Green Anne*City or town..... *Ruthsburg*
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... *Nov 13* 1946 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Jan. 20 1946 to Nov 13 1946*and that I last saw him alive on *Nov 11 1946*Immediate cause of death..... *Heart Disease*

DURATION.....

Due to..... *Heart Disease*Due to..... *Heart Disease*

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

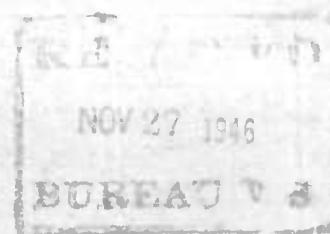
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... *H. L. Lane*M. D. or other..... Date signed..... *Nov. 15 1946*Address..... *Business W.*

RECORDED IN THE SECRETARY OF STATE'S OFFICE
AT THE CITY OF NEW YORK
ON NOVEMBER TWENTY-SEVEN, ONE THOUSAND NINETEEN
BY THE ATTORNEY GENERAL OF THE STATE OF NEW YORK
FOR THE USE OF THE ATTORNEY GENERAL



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 928

★11285

CERTIFICATE OF DEATH

Reg. Dist. No. 251.0

1. PLACE OF DEATH

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

8. AGE

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Double Creek Church Yard

Location

Cumpton Md.

18. Funeral director

Edgar L. Lane

Address

Church Hill Md.

19. hr. 4

19 46

Edgar L. Lane

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 30 1946

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

and that I last saw her alive on

Immediate cause of death

Hypertension

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

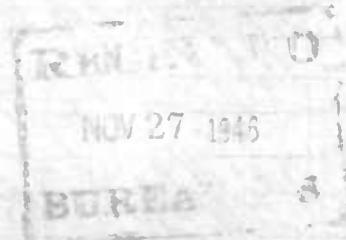
Injured at work?

23. SIGNATURE

M.D. or other

Address

Date signed



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

Reg. Dist. No. 2510

11451

1. PLACE OF DEATH:

County..... *Baltimore*City or town..... *Baltimore* (If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *3 days*Hospital, institution, or street address where death occurred: *—*How long in hospital or institution? *—*

3. (a) FULL NAME

*John Nelson Padwin*4. Sex *M*5. Color or race *WY*6. (a) Single, married, widowed, or divorced *Married*6. (b) Name of husband or wife *Rebecca Padwin*7. Birth date of deceased (mo., day, yr.) *Aug 16 1873*

6. (c) If alive, give age years

8. AGE: Years *73* Months *—* Days *—* If less than one day *—* hrs. *—* min. *—*9. Birthplace *Baltimore* (Town, county, and state)10. Usual occupation *Farmer*11. Industry or business *—*12. Name *Frank Padwin*13. Birthplace *Baltimore*14. Maiden name *Rebecca Nicholson*15. Birthplace *Baltimore*16. Informant *W.H. Rebecca Padwin*Address *Baltimore*17. (Burial, cremation, or removal. Which?) *Burial* Date thereof *Dec. 4 1946* (month) (day) (year)Cemetery or crematory *Templerfield*Location *Templerfield, Md.*18. Funeral director *Elgar L. Lane*Address *Church Hill, Md.*19. (Date rec'd by registrar) *Dec. 3 1946* *Elgar L. Lane* *Registrar*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Ind.* County *9 a.*City or town *Baltimore* (If outside city or town limits, write RURAL and give nearest town)Street No. *—* (If rural, give LOCATION)2.(a) If veteran, name war *—*

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *Nov 30 1946* at *3:30 P.M.*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Nov 30 1946* to *Nov 30 1946*and that I last saw him alive on *Nov 30 1946*Immediate cause of death *Hypertension, Presuming*DURATION *3 yrs.*Due to *Cerebral Hemorrhage*Due to *Chronic Myocarditis*Other conditions *—*

(Include pregnancy within 8 months of death)

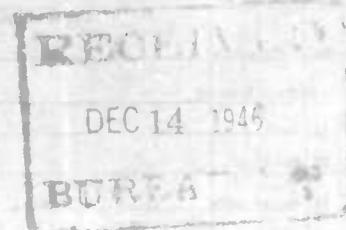
Major findings or operations *—*Date of op. *—*Autopsy results *—*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *—* Date of *—*Where did injury occur? *—* (City or town) *—* (County) *—* (State) *—*Injured at home, farm, industry, public place (where?) *—*Means of injury *—* Injured at work? *—*23. SIGNATURE *OT Gulledge* M. D. or other *—*Address *Enclosed* Date signed *12/3/46*

LETTER TO FEDERAL BUREAU OF INVESTIGATION
FEDERAL BUREAU OF INVESTIGATION
FEDERAL BUREAU OF INVESTIGATION



2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

CERTIFICATE OF DEATH

Reg. Dist. No. 2

112853

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1. PLACE OF DEATH: Queen Anne.
County: Chester
City or town: Chester
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 76 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex: male 5. Color or race: white 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife:

7. Birth date of deceased (mo., day, yr.): March 11. 1870 8. (c) If alive, give age: years

8. AGE: 76 Years Months Days If less than one day
hrs. min.

9. Birthplace: Chester Md. (Town, county, and state)

10. Usual occupation: farmer (retired)

11. Industry or business: William G. Timms

12. Name: William G. Timms

13. Birthplace: Chester Md.

14. Maiden name: Anna Eliza Legg

15. Birthplace: Chester Md.

16. Informant: Anna Elizabeth Timms

Address: Berlin Date thereof: Mar 11-46

17. (Burial, cremation, or removal) Which? Cemetery or cremator: Stevensville

Location: Stevensville Md.

18. Funeral director: Edgar G. Lane

Address: Church Hill Rd.

19. Date rec'd by registrar: Mar 11 1946

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Queen Anne's

City or town: Chester (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 9 1946 at 12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 21 1946 Mar. 9 1946, to Mar. 9 1946, and that I last saw him alive on Mar. 9 1946.

Immediate cause of death: cerebral thrombosis

Due to: arteriosclerosis myo degeneratio cordis

Due to: interstitial nephritis

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE: Theodor Sattelmaier M.D.

M. D. or other

Address: Stevensville

Date signed: 11/9/46



1-35

Evidence for the addition
of color is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

★/11287

FILM No. 108 DEC 5 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 2510

1. PLACE OF DEATH:

County Queen Anne's County

City or town Church Hill

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 minutes

Hospital, Institution, or street address where death occurred:

Church Hill

How long in hospital or institution? None

3. (a) FULL NAME

Baby TURNER

4. Sex

Fem. White

5. Color race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife:

None

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Nov. 7, 1946

8. AGE:

Years 30 min.

Months

Days

If less than one day

hrs. 30 min.

9. Birthplace:

Church Hill

(Town, county, and state)

10. Usual occupation:

None

11. Industry or business

None

MOTHER FATHER

12. Name: CHARLES Edwin TURNER

13. Birthplace: Caroline County, MD.

14. Maiden name: FRANCES Catherine BIGGERS

15. Birthplace: Cecil County, MD.

16. Informant: MRS. Edwin TURNER

Address

Church Hill, Md.

17. Burial (Burial, cremation, or removal. Which?)

Burial Date thereof Nov. 8, 1946

(month) (day) (year)

Cemetery or crematory:

Private Burial ground

Location:

Church Hill, Md.

18. Funeral director:

Edgar S. Lane

Address

Church Hill, Md.

19. Nov. 7 1946

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Queen Anne's

City or town Church Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH: Nov. 7

1946 at 3 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 7 1946 to Nov. 7 1946

and that I last saw her alive on Nov. 7 1946

Immediate cause of death:

Premature birth

DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

None

Date of op.

Autopsy results:

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No

Date of

Where did injury occur: None

(City or town)

(County) (State)

Injured at home, farm, industry, public place (where?)

None

Means of injury:

None

Injured at work?

None

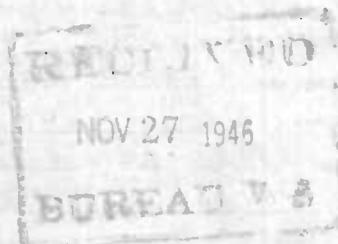
23. SIGNATURE:

M. D. or other

Address:

Date signed

AMERICAN HOSPITAL STATE CHARTER
AMERICAN HOSPITAL STATE CHARTER



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 302

CERTIFICATE OF DEATH

Reg. Dist. No. 2530

11288

1. PLACE OF DEATH:

County..... *Augu... Anne's*City or town..... *Ches. 15 (Rivers)*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

*Jacob Burton*4. Sex: *Male* 5. Color or race: *Col.* 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) *July 11 - 1886.* 6. (c) If alive, give age years8. AGE: Years *60* Months *3* Days *26* If less than one day

hrs. min.

9. Birthplace..... *Chester Md.*

(Town, county, and state)

10. Usual occupation..... *Sabreer,*

11. Industry or business.....

12. Name..... *John Wicks*13. Birthplace..... *Md.*14. Maiden name..... *Florence Clayton*15. Birthplace..... *Md.*16. Informant..... *Florence Wicks*Address..... *Chester Md.*17. Burial..... *Burial* Date thereof..... *Nov 9-46*

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... *Cemetery*Location..... *Chester Md.*18. Funeral director..... *Severa A. Henry*Address..... *Cambridge Md.*19. Date rec'd by registrar..... *Nov. 9 1946*

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... *Maryland* County..... *Deale Anne's*City or town..... *Chester* (Rivers)

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... *Nov. 6* 1946, at *2 a.m.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 11 1946, to *Nov. 6* 1946,and that I last saw him alive on *Nov. 5* 1946.

Immediate cause of death.....

*Aneurysm of Aorta*Due to..... *lattut lives (late)*Due to..... *artus ateris*Other conditions..... *Myphus clavos is*Duration..... *About 1 day*Cause..... *Myphus clavos is*Other conditions..... *Myphus clavos is*Duration..... *2 years*

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... *Henry Sattelmeier M.D.*

M. D. or other.....

Address..... *Stevensville* Date signed..... *Nov. 6 1946*

